



Working together to build a better future

QF105	CUSTOMER WHS ASSESSMENT
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Customer Name:		
Address:		
Person Completing Checklist:		
Date:		
EQUIPMENT-Transfers	TICK (if applicable)	<u>NOTES</u>
• Wheelchair Manual / Electric		
• Mattress Air mattress / standard		
• Bed Electric / Fixed		
• Roho Cushions/Pump*		
• Slippery Sam		
• Lifting Machine • Stand Lifter / Manual Ceiling Hoist		
• Sliding Board		
• Urinal Bottle		
• Shower Chair/Kermode		
○ Stable		
○ On wheels		
○ Fixed bench		
• CPAP/VPAP/BIPAP		
• Ventilator		
• Back-up generator		



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• Nebuliser		
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Outside Residence (area 1)	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
• Parking & Access					
• Gates (easy to open)					
• Pathway / Garden					
• Steps / Stairs / ramp					
• Verandah Surface					
• Clothesline					

Bathroom / Toilet (wet area)	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
• Floor Surface					
• Lighting					
• Freedom of Movement					
• PowerPoint / cords					
• Access to use & clean shower / toilet / bath					
• Drainage					
• Ventilation					
• Electrical Equipment					

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○ Check for frayed cords					
● Hand Washing Facilities for Personal Attendants					

Laundry (wet area)	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
● Iron / Board					
● Washing Machine					
● Dryer					
● Ventilation					
● Drainage					
● Powerpoints / cords					
● Floor surface					
● Lighting					
● Original labelled containers for cleaning products					

EQUIPMENT – Domestic	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
● Vacuum Cleaner					
● Carpet Sweeper					
● Broom					
● Mop / Bucket					

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Bedroom (area 2)	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
• Sufficient space around bed					
• Bed suitable height					
• Floor surface					
• Lighting					
• Freedom of movement					
• PowerPoints / cords					
• Electrical Equipment <ul style="list-style-type: none"> ○ Check for frayed cords 					

Kitchen / Dining (area 3)	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
• Stove					
• Electrical Equipment <ul style="list-style-type: none"> • Check for frayed cords 					
• PowerPoints / cords					
• Bench heights					
• Food preparation equipment					
• Floor surface					
• Lighting					
• Original labelled containers for cleaning products					

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Lounge Room (area 4)	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
• Tripping Hazards					
• Lighting					
• Floor surface					
• PowerPoints / Cords					
• Workspace organisation					

Hazardous Substances	Visually safe	Visually unsafe	Hazard Identified	Action Required	Date Completed
• Substances labeled in appropriate format					
• Substances in original container					
• Suitable for purpose					
• Stored in safe position					
• Stored at a safe height					

General Safety	Visually safe	Visually unsafe	Hazard Identified	Action Required
• Employee identification				
• Lighting at night				
• Door clear of obstruction				
• Door easy to open				
• Weapons				
• Smoke Detectors <ul style="list-style-type: none"> ○ Check for light 				

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○ Ask when checked last					
● Electrical Safety Switch					
● Gas Cylinders (oxygen)					
● Hot Water Service (temp)					
● Step Ladder					
● Fire/emergency evacuation plan Yes / No					
● Airconditioning/fans/heating etc ○ If customer vulnerable, place alert in CiMS					

Location of:

Water main:

Gas main:

Electrical box:

Has the SDO explained to the customer about chemicals being stored in original labelled containers YES / NO

Has the SDO explained to the customer if an employee is poisoned by a substance, it is to be reported to the office immediately YES / NO

How do the LA's access your home?

If you are not home or do not answer when LA's attend, what is the process you would like us to follow? I.e. call next of kin, wait 30 mins, call emergency services.

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Any other comments

Action Plan
